

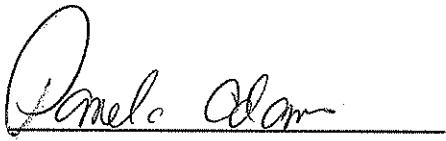
PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Simmesport Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing PHA Fiscal Year Beginning: (MM/YYYY): 01/2011 PHA Code: LA072 <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)				
	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 56 Number of HCV units: 0				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Reduce vacancies to 2% or less, renovate or modernize public housing units, improve the public housing management scores, ensure equal opportunity and fair housing. Our goals include promoting self-sufficiency and asset development of families by providing supportive services to improve assistance recipients' employability and to increase independence for the elderly and families with disabilities.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No Revisions (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Simmesport Housing Authority main administrative office 537 E. Project St. Simmesport, La. 71369				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Housing needs: low income-10% very low income- 10% extremely low income—80%, black -65%, white- 35%, 1 bedroom-15%, 2 bedroom- 25%, 3 bedroom – 35%, 4 bedroom- 25%				

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The PHA will strive to make all vacant units available for families on its waiting list and to turn units around in 21 days or less.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The PHA is on schedule implementing previously set objectives. Good progress is being made meeting goals set forth.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Significant Amendment: Adjustment to annual plan or capital fund plan. Substantial Deviation/Modification- Change in PHA policy and procedure.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (j) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. The Housing Authority had no RAB comments. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (j) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

HOUSING AUTHORITY OF THE TOWN OF SIMMERSPORT
VAWA POLICY

The Simmersport Housing Authority, in order to support and assist victims of domestic violence, dating violence, sexual assault or stalking shall not deny admission to these applicants if they otherwise qualify for assistance. The PHA will protect residents from losing their HUD assistance if they are victims of domestic violence. In addition, the housing authority also offers victims assistance in finding counseling. This assistance is given to residents and applicants.



Pamela Adams
Executive Director

SIMMESPORT HOUSING AUTHORITY
COMMUNTIY SERVIE AND FAMILY SELF-SUFFCIENCY REQUIREMENT
LEASE ADDENDUM

EFFECTIVE: August 24, 2005
Resolution No: 08232005

Under provisions of Section 512 of the Quality Housing and Work Responsibility (QHWRRA) Act of 1998, every adult resident of public housing shall perform community service, participate in and economic self sufficiency program, or a combination of community service and economic self sufficiency that totals at least eight hours per month. The FY 2003 HUD/VA Appropriations Act signed on February 1, 2003, reinstated this provision by not extending section 432 of the Federal FY 2002 Act.

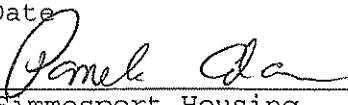
The Community Service Program under this policy applies to all non-exempt, adult residents in public housing. There are numerous exemptions under the law for adult residents who are unable to participate or for whom the provision is unfeasible (24 CFR 960.601). Individuals exempt from performing 8 hours of community service include residents who:

1. Are under 18 year of age.
2. Are 62 years of age or older;
3. (a.) Are a blind or disabled individual as defined under the Social Security Act (42 U.S.C.) and certify that because of this disability are unable to comply with the service position;
(b.) Are a primary caretaker of such individual;
4. Are engaged in work activities at least 30 hours per week;
5. Meet the requirement for being exempt from having to engage in a work activity under the State program funded under Part A of Title IV of Social Security Act or under any other welfare program in Louisiana, including a State administered welfare-to-work program; or
6. Are members of a family receiving assistance, benefits, or services under the state program funded under Part A of Title of Social Security Act or any other welfare program in Louisiana, including a State or other administering entity to be in non-compliance with such a program.

The obligation of each adult resident, other than an exempt individual, to perform community service or participate in an economic self-sufficiency program is required. The lease shall renew automatically, unless the family fails to comply with the community service requirement at the end of the twelve-month lease term.

Head of Household signature

Date


Pamela G. Da
Simmesport Housing
Executive Director

Other family member

Other family member

Other family member

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: CFLA480072501-11 Replacement Housing Factor Grant No: Date of CFFP:	<input type="checkbox"/> FYF of Grant: 2011 <input type="checkbox"/> FYF of Grant Approval:
<input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Original Annual Statement Summary by Development Account			
Line		Total Estimated Cost Original	Total Actual Cost ¹ Obligated
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 2) ²	8,983	
3	1408 Management Improvements	5,000	
4	1410 Administration (may not exceed 10% of line 2)	2,500	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	8,000	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	45,852	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	15,000	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant:	
PHA Name:	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 + 19)	89,835	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security -Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Janice Johnson</i>		Date <i>10/11/12</i>	Signature of Public Housing Director
		Date	

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Expires 4/30/2011

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number		Locality (City/County & State)		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Work Statement for Year 5		Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements	60,852	60,852	60,852	60,852	60,852
C.	Management Improvements	5,000	5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment	4,000	4,000	4,000	4,000	4,000
E.	Administration	2,500		2,500	2,500	2,500
F.	Other a & e Mod Coordinator	8,000		8,000	8,000	8,000
G.	Operations	8,985		8,985	8,985	8,985
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	89,835	89,835	89,835	89,835	89,835

Part I: Summary (Continuation)

form HUD-50075.2 (4/2008)

Page 2 of 8

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

		Subtotal of Estimated Cost	\$ 89,835	Subtotal of Estimated Cost \$ 89,835

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

	Subtotal of Estimated Cost	\$ 90,685.00	Subtotal of Estimated Cost	\$ 90,685.00
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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year _____ FFY		Work Statement for Year: _____ FFY	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
General Description of Major Work Categories	General Description of Major Work Categories			
Seeds				
Agriculture				
Transportation				
Healthcare				
Education				
Water				
Power				
Waste				
Landfill				
Industrial				
Commercial				
Residential				
Other				
Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I. Summary		Fiscal Year of Grant: 2010	
PHA Name: Simi Valley Housing Authority	Grant Type and Number Capital Fund Program Grant No.: 1A48P072501-10 Replacement Housing Factor Grant No: Date of CFP:	City of Grant Approval: 2010	
Type of Grant	<input type="checkbox"/> Reserve for Disaster/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Summary by Development Account	Total Estimated Cost ¹	Total Actual Cost ¹
Line	Original	Revised ²	Obligated
1 Total non-CFP Funds			
2 1406 Operations (may not exceed 20% of line 21)	9,068.00		
3 1408 Management Improvements	5,000.00		
4 1410 Administration (may not exceed 10% of line 21)	2,000.00		
5 1411 Audit			
6 1415 Liquidated Damages			
7 1430 Fees and Costs	9,000.00		
8 1440 Site Acquisition			
9 1450 Site Improvement			
10 1460 Dwelling Structures	61,617.00		
11 1465.1 Dwelling Equipment—Nonexpendable	4,000.00		
12 1470 Non-dwelling Structures			
13 1475 Non-dwelling Equipment			
14 1485 Demolition			
15 1492 Moving to Work Demonstration			
16 1495.1 Relocation Costs			
17 1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Stimnesport Housing Authority	Grant Type and Number Capital Fund Program Grant No.: LA48P072501-10 Replacement Housing Factor Grant No.: Date of CFP:	<input type="checkbox"/> Revised Annual Statement (revision no.) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Final Actual Cost ¹	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line	Summary by Development Account	Total Estimated Cost Original	Obligated Revised ² Expendited
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	90,685	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Mark C. Orr</i>		Date 10/14/10	Signature of Public Housing Director Date

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary		Fiscal Year of Grant: 2009			Fiscal Year of Grant Approval:		
PHA Name: Summersport Housing Authority	Grant Type and Number Capital Fund Program Grant No.: LA448PG72501-09 Replacement Housing Factor Grant No: Date of CFFP:						
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹		Total Actual Cost ¹	
	Summary by Development Account	Original	Revised ²	Obligated		Expendited	
1	Total non-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21)		9,068				
3	1408 Management Improvements		5,000				
4	1410 Administration (may not exceed 10% of line 21)		2,000				
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		53,617				
11	1465.1 Dwelling Equipment—Nonexpendable		4,000				
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		8,000				
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant:2009		
PHA Name: Simmersport Housing Authority	Grant Type and Number Capital Fund Program Grant No.: LA48P072501-09 Replacement Housing Factor Grant No.: Date of CFFP:	<input type="checkbox"/> FFY of Grant Approval: <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report		
Type of Grant		Total Estimated Cost	Original	Revised ¹
Line	Summary by Development Account	Obligated	Obligated	Total Actual Cost ⁴
18a	1501 Collateralization or Debt Service paid by the PHA			
18aa	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	90,685		
21	Amount of line 20 Related to LBF Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director <i>John M. C.</i>		Date 10-11-10	Signature of Public Housing Director	

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³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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² To be completed for the Performance and Evaluation Report.

**Annual Statement Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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IV. Be empathetic for the differences and similarities between

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		<input type="checkbox"/> FFY of Grant: 2009 <input checked="" type="checkbox"/> FFY of Grant Approval:		
PHA Name: Simmonsport Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48S072:01-09 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report Period Ending: 06/30/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost Original	Revised ⁱ	Total Actual Cost ^j Obligated Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 2) ^k			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 2)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	10,682		10,682
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	96,139		96,139
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1493.1 Relocation Costs			
17	1499 Development Activities ⁴			

ⁱ To be completed for the Performance and Evaluation Report.

^j To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
^k PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2009	
PHA Name: Simmesport Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48S072501-09 Replacement Housing Factor Grant No: Date of CFPB:	<input type="checkbox"/> FFY of Grant Approval: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Original	Original	Revised ²	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18a*	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	106,821	106,821
21	Amount of line 20 Related to LBF Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>[Signature]</i>		Date 10/11/12	Signature of Public Housing Director
		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

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Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

Form 11-9 be completed for the Performance and Evaluation Report or a Revised Annual Statement

• 18 be completed for the Performance and Evaluation Report

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Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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To be considered for the Performance and Evaluation Report or a Revised Annual Statement

¹ To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-Q226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2557-0226
Expires 4/30/2011

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Summersport Housing Authority	Grant Type and Number Capital Fund Program Grant No.: LA48P072501-08 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant Approval:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement Revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Total Estimated Cost ¹	Total Actual Cost ¹
		Original	Expendited
1	Total non-CFF Funds	Revised ²	
2	1406 Operations (may not exceed 20% of line 2) ³	8,439	8,439
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 2)	4,000	4,000
5	1411 Audit		3,618.48
6	1415 Liquidated Damages		
7	1430 Fees and Costs	8,000	0
8	1440 Site Acquisition		
9	1450 Site Improvement	2,000	0
10	1460 Dwelling Structures	47,951	47,951
11	1465.1 Dwelling Equipment—Nonexpendable	3,500	3,500
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	8,000	0
14	1485 Demolition		0
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2008	
PHA Name: Simmesport Housing Authority	Grant Type and Number Capital Fund Program Grant No: LA48P072501-08 Replacement Housing Factor Grant No: Date of CFFF:	<input type="checkbox"/> FFY of Grant Approval: <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account	
Line		Total Estimated Cost	
		Original	Revised ¹
		Obligated	Total Actual Cost ²
		Expended	
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	84,390	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>John Eder</i>		Date <i>10/16/08</i>	Signature of Public Housing Director

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²To be completed for the Performance and Evaluation Report

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- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

²To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Summerville Housing Authority

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 4/30/2011

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U.S. Department of Housing and Urban Development
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